

## **SELF-EMPLOYMENT REFERRAL FORM**

### **FEASIBILITY STUDY**

Counselor name: \_\_\_\_\_ VR Office: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email address: \_\_\_\_\_

Best way to contact: \_\_\_\_\_

Best time of day to contact: \_\_\_\_\_

Self-Employment Goal: \_\_\_\_\_

Projected Targeted Monthly Income Goal for Business:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Other relevant information:

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#### **Required referral information:**

- Self-Employment Questionnaire
- Evaluation report
- Budget sheet
- Fico score